## STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE JOB REQUEST - CREATE, CHANGE, DELIMIT

MCP 011 (NEW 6/2012)



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MAINTAIN JOB										
Pay Letter # (4)		Pay Letter Issue Date(8)		☐ New ☐ Change ☐ Delimit			Effect		ve Date (8) MM/DD/YYYY	
Job ID(8)		Job Abbreviation (18)		Job Name (40)				•		
Job Title (160)										
		Pay Grade / Pay Scale Area (2) (CBID)		Pay Grade / Pay Scale Grou (Class Code)		☐ Exempt ☐ Non Exempt				
		Probation Period Length (2)		Probation Review Period (1)		,	Non-Testing? ☐ Yes ☐ No			
Authority Entitlement (40)		Footnotes (2)	ootnotes (2)		Alternate Range Criteria (3)		Schematic Code (4)			
		Work Week Group (1) Pay		Pay Chan (% or Flat F			Salary Increase		ncrease Type (1)	
MAINTAIN PAY SCALE										
Pay Grade / Pay Scale Type (2) (Salary Setting Authority)		Pay Grade (CBID)	Pay Grade / Pay Scale Area (2) (CBID)			Pay Grade / Pay Scale Group (4) (Class Code)			(4)	
Pay Frequency SISA? ☐ Yes ☐ No			Pay Grade / Pay Scale Level Pay Grade / Pay Sca			Scale Level Minimum F			Pay Grade / Pay Scale Level Maximum	
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DELIMIT JOB										
NOTE: The necessary employment/employee ac Delimit Effective Date(8)					Schematic Code(4)					
Job ID(8)			Job Title(160)							
Authorized Signature										
Certification for the Appointing Power-The foregoing additions to, deletions from, or changes in the original payroll roster of the herein named state agency are true, correct, and in accordance with law. As modified to date by payroll roster charges filed with the State Controller, to and including the within, said original payroll roster is true, correct, and in accordance with law. All persons added to the payroll roster, or whose status is modified by this payroll roster change were employed in approved, established positions and have, if required by law, taken the oaths, including the oath set forth in Section 3103, Government Code.										
Department of Personnel Administration (DPA) Authorized Name (Print)						Title				
DPA Authorized Name Signature					Telephone				Date	
Form Submitted By										
Contact Name (Print)						Date				
Telephone		Fax			Email					